



Supplemental Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: DIAGNOSIS OF HYPERINSULINEMIA
AND TYPE II DIABETES AND
PROTECTION AGAINST SAME

Attorney Docket Number:: KOPCHICK6.1A

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

John

Middle Name::

J

Family Name::

KOPCHICK

Name Suffix::

City of Residence::

Athens

State or Province of Residence::

Ohio

Country of Residence::

United States

Street of Mailing Address::

4 Orchard Lane

City of Mailing Address::

Athens

State or Province of Mailing Address::

Ohio

Country of Mailing Address::

United States

Postal or Zip Code of Mailing Address::

36 45701

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Bruce

Middle Name::

Family Name::

KELDER

Name Suffix::

City of Residence::

Athens

State or Province of Residence::

Ohio

Country of Residence::

United States

Street of Mailing Address::

c/o Edison Biotechnology Institute(EBI),
Konneker Research Laboratory 206B,
Ohio University

City of Mailing Address::

Athens

State or Province of Mailing Address::

Ohio

Country of Mailing Address::

United States

Postal or Zip Code of Mailing Address::	45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Keith
Middle Name::	S
Family Name::	BOYCE
Name Suffix::	
City of Residence::	Wexford
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	2589 Cole Road
City of Mailing Address::	Wexford
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	P 15090
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States <u>Germany</u>
Status::	Full Capacity
Given Name::	Andres
Middle Name::	
Family Name::	KRIETE
Name Suffix::	
City of Residence::	Pittsburgh
State or Province of Residence::	Pennsylvania
Country of Residence::	United States
Street of Mailing Address::	1222 Driftwood Drive
City of Mailing Address::	Pittsburgh
State or Province of Mailing Address::	Pennsylvania
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	15243
Correspondence Information	
Correspondence Customer Number::	001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/0101	04/02/04
		91	
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e)	60/460,415	04/07/03
91			
PCT/US2004/0101	Appln claiming benefit of 35 USC 119(e)	60/506,716	09/30/03
91			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::